



# Massachusetts State Police

## Citizen Response Form

### Responding Person's Information

Name:		DOB:
Home Address:		Primary Phone Number: Secondary Phone Number: E-mail Address:
Driver's License Number and State (If applicable):		Vehicle Registration and State (if applicable):
Date of Occurrence:	Time of Occurrence:	Location/Address of Occurrence:

### Narrative

Type of Report (please check one):	Compliment	Complaint	Other <input type="checkbox"/>
Trooper/Employee name and/or ID#:	Cruiser # and/or description (if applicable):		
Citation # (if applicable):	Incident report # (if applicable):		

NARRATIVE: Please provide a description of the event that you are reporting. In addition to the above information, please include any other pertinent information. (e.g. reason for interaction, other involved personnel, other witnesses, etc.)

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Use additional pages if needed)

### Submission of a Citizen Response Form

This form may be submitted in the following manner:

- Delivered in person to: The Massachusetts State Police General Headquarters 470 Worcester Road Framingham, MA 01702 / Citizen Response Form; or
- Faxed to: Division of Standards and Training/ Citizen Response Form 508-820-2149; or
- Mailed to: Massachusetts State Police Division of Standards and Training/ Citizen Response Form, 470 Worcester Road Framingham, MA 01702
- Emailed to: Division of Standards and Training/ Citizen Response Form at [Citizensresponsereports@pol.state.ma.us](mailto:Citizensresponsereports@pol.state.ma.us)  
(Ensure a completed copy of the Citizen Response Form is attached to your e-mail.)

For assistance with submitting this form, you may contact 508-988-7003

*The Massachusetts State Police value your comments and take them seriously.*

*For all complaints, an officer assigned to the Division of Standards and Training will contact you when we receive this form.*

*If a complaint is found to be fabricated, the reporting party may be subject to criminal prosecution and/or civil proceedings.*

**Narrative (continued)**

Signature\_\_\_\_\_ Date:\_\_\_\_\_

(Use additional pages if needed)